

FILED APR 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10108

Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 84
 (b) Township Hudson Primary Registration District No. 5086
 (c) City Appleton City (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

ALBERTINE CONRAD
 (a) Residence, No. Bates Co. Mo. Rural St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Conrad
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1857
 7. AGE YEARS 82 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cook Co., Ill.

13. NAME Martin Beezy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John L. Cunningham
Appleton City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Appleton City, Mo. DATE Mar. 22 1940

19. FUNERAL DIRECTOR (NAME) Oscar Eckhoff
(ADDRESS) Appleton City, Mo.

20. FILED March 21, 1940 Mo. Beatrice Gunn
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1940, to March 20, 1940

I last saw her alive on March 18, 1940. Death is said to have occurred on the date stated above, at 1:45 am.

The principal cause of death and related causes of importance were/as follows:

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. E. E. E., M. D.

(Address) Appleton City, Mo.

RECEIVED

District Health Officer No. 7,

District File Number

4-40-545

Date Filed

4-8-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Oscar Eckhoff

Licensed Embalmer No. 3943

P. O. Address

Opplatan City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.